



NAVY MEDICINE
World Class Care...Anytime, Anywhere

Issue 3 March 11, 2009

Inside this Issue:

Admiral's Call by the Surgeon General of the U.S. Navy Vice Admiral Adam. M.	2
NMCSD Relieves the Emotional Damages From Societal Emphasis on Physical Appearance with Maxillofacial	3
Naval Hospital Springs Forward Ahead of DST With Opening of Expanded Sleep Laboratory	3
Emergency Care in the Air	4
Three PREVMED Units Form One Forward Deployable Unit	5
NMCSD Restores Aesthetics to Injured Service Members	6
The Social Worker – A Vital Member of the Navy Medicine Team	7
NMSC Hosts Vanguard 2009 Symposium	8

Item of Interest:

HHS Launches New Health Reform Web Site. The Department of Health and Human Services (HHS) launched a new web site: www.healthreform.gov. This site will allow Americans to view the White House Health Forum, share their thoughts about health reform with the Obama Administration and sign a statement in support of President Obama's commitment to enacting comprehensive health reform this year.

Navy and Marine Corps Medical News

A Public Affairs Publication of the Bureau of Medicine and Surgery

Pensacola Corpsman Named Top NM Senior Shore Sailor

From Naval Hospital Pensacola, Fla.
Public Affairs Office

PENSACOLA, Fla. - Hospital Corpsman 1st Class Petty Officer (HM1) Kelvin Chatman of Naval Hospital (NH) Pensacola was recently named Navy Medicine Senior Shore Sailor of the Year (SSOY) for 2008 during a February 4 ceremony at the Navy's Bureau of Medicine and Surgery in Washington, DC.

The 2008 year was a whirlwind of positives for Chatman having been named Navy Medicine East, Naval Hospital (NH) Pensacola Regional and NH Pensacola staff Senior Sailor of the Year; and Sailor of the Quarter at the Florida hospital in the fourth quarter.

Chatman is assigned as Leading Petty Officer of the hospital's Women and Children's Nursing Department. He has served in the Navy for 15 years.

His most recent deployment was to Guantanamo Bay, Cuba, in support of Operation Enduring Freedom in 2006.

Rear Adm. Thomas Cullison, Deputy Surgeon General of the Navy, and Force Master Chief Laura Martinez of Navy Medicine, Bureau of Medicine and Surgery in Washington, congratulated Chatman during the early February ceremony that included Navy Medicine's four other SSOY nominees.

The nominees for NH Pensacola Regional SOY honors are selected from the staff of the hospital and all 12 of its Branch Health Clinics across the five states of Florida, Indiana, Louisiana, Mississippi, and Tennessee.

NH Pensacola has been an innovator in Navy Medicine and in the Navy Pensacola community for more than 180 years.



SAN DIEGO - Cmdr. Craig Salt, department head of plastic surgery at Naval Medical Center San Diego, examines the nasal cavity of Lance Cpl. Anthony Guererro during a pre-operation examination Feb. 17. Salt is spearheading Project Comprehensive Aesthetic Recovery Effort (Project C.A.R.E.) to improve aesthetic appearance of combat injuries. U.S. Navy photo by Mass Communication Specialist 3rd Class Jake Berenguer

Admiral's Call by the Surgeon General of the U.S. Navy

Vice Admiral Adam. M. Robinson, Jr.

Navy Medicine's Humanitarian Civil Assistance Mission

Navy Medicine's humanitarian civil assistance (HCA) missions offer a positive vision of hope and opportunity rooted in our history and in the promise of our future. HCA missions reflect our belief in the worth, dignity, equality and value of every person in the world.

Humanitarian and disaster relief missions are core Navy missions reflected in our Nation's maritime strategy, in which Navy Medicine plays a vital role. Navy Medicine is not only willing and able to participate in these missions, we do so enthusiastically. Our healing hands symbolize soft power, which forges stronger relationships with other nations and lessens the chances of armed conflict. These missions enhance the protection of our homeland and way of life. There is no greater testament of our nation's spirit of compassion than the deployment of the USNS COMFORT and USNS MERCY to provide humanitarian assistance and disaster relief.

Navy Medicine has been at the forefront in providing this strategically important humanitarian aid. In 2004, the value of our humanitarian assistance missions received global recognition following the tsunami that struck Southeast Asia. As a result, people in a major Muslim nation expressed increased support and appreciation for the U.S.-led effort to provide comfort and care in the face of a major natural disaster.

Our relief efforts also had an impact right here at home. During Hurricane Katrina in 2005, Navy Medicine played a major role in helping the people of that region get back on their feet. After Katrina devastated the Gulf Coast, the National Command Authority deployed both the USS BATAAN (LHD 5) and USNS COMFORT (T-AH 20) for medical and humanitarian

relief activities across the region. A team of 84 medical professionals based out of Naval Hospital Jacksonville, Fla., on board the BATAAN provided medical support at the New Orleans Convention Center, the New Orleans International Airport, and at a high school in Biloxi, Miss. COMFORT staff provided health services to almost 2,000 hurricane victims, with assistance from health care professionals working with Project Hope, Salvation Army and the American Red Cross who were embarked onboard.

During Pacific Partnership 2007, USS PELELIU (LHA-5) conducted a four-month humanitarian mission, visiting the Philippines, Vietnam, Solomon Islands, Papua New Guinea and the Republic of the Marshall Islands. During these HCA missions, PELELIU provided a variety of medical, dental, educational and preventive medicine services to more than 31,600 patients.

COMFORT deployed again in 2007 on its first large-scale HCA deployment to Central America, South America and the Caribbean. The hospital ship staff provided medical care to an estimated 85,000 patients from communities with limited health care access.

While underway to Latin America during Continuing Promise 2008 (CP08), Biomedical Repair Technicians (BMT) of Fleet Surgical Team Five (FST 5), embarked aboard USS BOXER (LHD 4), collected manuals and information to share with partner-nation technicians. In addition to medical equipment repairs on-board BOXER, BMTs also exchanged ideas with partner-nation medical professionals about specific equipment maintenance.

These FST 5 technicians were part of a large medical component leading an expeditionary medical team of over 100 specialized health care providers, who teamed up with



partner-nation counterparts. Their capabilities included general primary care, dental, optometry, pharmaceutical, preventive medicine and public health assessments, medical and nursing education, veterinary, and bio-medical equipment repair.

USS KEARSARGE's (LHD 3) joint-military service medical team provided remote medical care and education to the locals in a medical clinic during a four-day visit to Yulu, Nicaragua as part of CP08. The lack of readily available medical care in the rural community is the root cause of many of the chronic illnesses in places like Yulu. This HCA mission brought volunteers to the next stage of empowering citizens of Yulu to live healthier lives, through education about nutrition, diet and exercise.

During Summer 2008, Military Sealift Command hospital ship USNS MERCY participated in Pacific Partnership (PP08), a four-month humanitarian and civic assistance mission conducted with countries from the Western Pacific and Southeast Asia.

Throughout the 2008 Pacific Partnership mission, Mercy served as a platform for military and non-governmental organizations to build and cultivate relationships with the

(Continued on page 4)

NMCSD Relieves the Emotional Damages From Societal Emphasis on Physical Appearance with Maxillofacial Prosthetics

By Mass Communication Specialist
3rd Class Jake Berenguer, Naval Medical Center San Diego Public Affairs Office

SAN DIEGO - Prosthetic eyes, noses, and rebuilt skulls are not often associated with dentistry. However, Naval Medical Center San Diego (NMCSD) dental technicians restore birth or acquired disfigurements of the head and neck region through maxillofacial prosthetic services.

The maxillofacial prosthetitians restore a sense of normalcy to a patient who has lost an eye, ear or nose by recreating a custom prosthetic to hide the damaged area using a wide variety of materials such as acrylic, porcelain, and silicone. The Navy only has 11 prosthetists worldwide. NMCSD's Dental Department boasts two of them.

"It's a very special and unique thing we do here. Because we are in the dental field, we have experience creating prosthetic pieces such as teeth. The prosthetics we create in the maxillofacial clinic are far more complex," said Lt. Cmdr. Todd Carpenter, a NMCSD maxillofacial

prosthetist.

"We are trained at Bethesda Naval Medical Center in Maryland. It was really on-the-job training in a class setting," said Hospital Corpsman 2nd Class Frank Lemus, NMCSD maxillofacial prosthetics laboratory technician. "We learned how to work with all the different materials and how to make the prosthetics. Then we started making them for actual patients. We were previously trained to make teeth and ocular pieces made from similar materials. We learned how to match eye colors and hand paint irises to precisely match their eye color."

The technicians create ear, eye, tooth, and other maxillofacial prosthetics using molds, photos, and precise measurements to replicate the patient's skin tone, texture, or eye color. These efforts are all done to improve a patient's quality of life and self image, according to Lemus.

"Patients often are very self conscious about a facial deformity. People notice your face first and



SAN DIEGO – Hospital Corpsman 2nd Class Daniel Cortez, a Naval Medical Center San Diego (NMCSD) maxillofacial prosthetics laboratory technician, forms a wax frame around a prosthetic eye before creating a silicone frame to hold the eye in the socket Feb. 3 in NMCSD's maxillofacial prosthetic center. *U.S. Navy photo by Mass Communication Specialist 3rd Class Jake Berenguer*

(Continued on page 5)

Naval Hospital Springs Forward Ahead of DST With Opening of Expanded Sleep Laboratory

From Naval Hospital Pensacola Public Affairs Office

PENSACOLA, Fla. - If you're preparing to loose an hour's sleep by springing forward with the return of Daylight Saving Time early morning Sunday, March 8, then you might want to get a head start during "Sleep Awareness Week".

Naval Hospital (NH) Pensacola got the 'sleep awareness' started early in the week, when Commanding Officer Captain Maryalice Morro and the Veterans Affairs-Gulf Coast's Chief of Staff Anna Mello officially cut the ribbon on the opening of the military facility's expanded-beds Sleep Studies Laboratory March 2.

NH Pensacola has had a sleep lab for years, but it recently underwent renovation and expansion thanks to a Joint Incentive Fund (JIF) proposal that was co-approved by the Department of Veteran Affairs (VA)

and the Department of Defense (DoD) Health Executive Council (HEC).

"Previously, the sleep lab had just two beds. We now have six, and we can do four to five sleep studies per night," said Cmdr. Edwin Y. Park, head of the Neurology and Sleep Disorders Department at the Pensacola hospital.

The expansion of the sleep lab has made it possible for more of patients to get needed sleep studies at the Navy hospital as opposed to going out into the TRICARE network of civilian providers; and that has numerous benefits, he said.

"That means we can service more of our patients in-house, and that saves large amounts of money through cost-savings by not having to send patients out to the net-

(Continued on page 5)

Emergency Care in the Air

By Jacky Fisher, Naval Medical Center Portsmouth Public Affairs Office

PORPSOUTH, Va. - An emergency room (ER) can become extremely hectic, noisy and even nerve-racking with one swing of the ER door. A hospital corpsman monitors a patient's vital signs; a critical care nurse administers drugs or clears the airway of an injured or unconscious patient. These tasks require a steady hand, sure footing, clear thinking, and the ability to work together as a team... all to save the life of someone who needs urgent medical attention.

In a contingency mission, nurses and corpsmen may have to perform these lifesaving tasks in a helicopter. Imagine deafening rotor noise and vibrations so strong that an IV line can easily dislocate from a patient. It's not a place for on-the-job training.

The En Route Care Training

course teaches specialized health care providers how to perform vital tasks under extraordinary high-pressure circumstances. The course, held at Naval Station Norfolk in September 2008, is required for members slated to forward deploy in support of contingency missions. For the first time it included members from the 4th Medical Battalion, 4th Marine Air Wing and Reservists.

"This cooperative effort promotes a seamless active and Reserve program. Students and instructors were either active duty or from the Reserves side of the house," said Capt. Paula Crawford, Executive Officer, Operational Health Support Unit Portsmouth.

En Route training begins with an intensive day in the classroom with participants reviewing "back to the basics" of how to keep a patient alive. Lt. Cmdr. Anthony Catanese, Director for Operations, Naval Op-



NAVAL STATION NORFOLK - Nurses and corpsmen of the 4th Medical Battalion and 4th Marine Air Wing practicing static loading of patients into helo. U.S. Navy photo by Cmdr. Anita Bacher

erational Medicine Institute, training agent for En Route Care, explained that the course really is not basic.

"En Route Training is designed

(Continued on page 6)

Surgeon General's column continued...

(Continued on page 2)

Republic of the Philippines, Vietnam, the Federated States of Micronesia, Timor-Leste and Papua New Guinea.

During PP08, more than 90,000 patients were treated by the medical teams from MERCY. Among those treated were more than 14,000 dental patients and more than 1,300 surgery patients in various locations throughout the Western Pacific.

Our humanitarian civic assistance efforts continue in 2009, with three missions already planned. Early in the year, Navy Medicine Reservists will participate in four medical readiness training exercises (MEDRETEs) in Jamaica, Honduras, Dominican Republic, and Guyana. These two week deployments will provide primary care at remote locations in conjunction with the Ministry of Health of each host nation.

COMFORT deploys in April for Continued Promise 2009, a 120-day mission to South and Central-America. Our personnel onboard COMFORT will provide local host nation residents with medical and dental care as a demonstration of goodwill and support from us, their U.S. neighbors.

USS DUBUQUE (LPD 8) will deploy in May to take part in Pacific Partnership 2009. This 125-day mission, much like the COMFORT's mission, will make medical and dental care available to residents of the host nation countries.

Navy Medicine humanitarian civil assistance missions

support regional humanitarian operations by providing preventive medicine services, healthcare training and other similar efforts while always respecting the host country's culture and customs. From our experience, we have developed a successful model of healthcare education and training for host country providers, this will lead to local sustainable activities that will provide long-lasting benefits to help overcome healthcare barriers in resource poor communities.

Each successful mission, performed with joint and coalition forces, other US government agencies, non-government agencies, and host nations, builds strong, lasting partnerships. From the foundation of mutual respect and understanding grows the best quality health care and partnerships. This environment of trust between US military services, agencies, and our international partners is the legacy of HCA and helps secure our future .

Building on these relationships will continue to mitigate human suffering as the vanguard of interagency and multinational efforts, both in a deliberate, proactive fashion and in response to crisis. Human suffering moves us to act, and the expeditionary character of maritime forces uniquely positions us to provide assistance.

This soft power projection of humanitarian civil assistance anchors U.S. maritime strategy for years to come. Navy Medicine will continue to provide essential personnel for these efforts, always flexible and adaptable, and wherever needed. This is Force Health Protection in action. This is our desire, our mission, and our duty.

Three PREVMED Units Form One Forward Deployable Unit

By Lt. Benjamin Espinosa, NEPMU-2 (Navy Environmental and Preventive Medicine Unit), Norfolk, Va.

FORT EUSTIS, Va. - Navy Preventive Medicine personnel converged at Ft. Eustis, Va. in mid January to participate in a five-day field exercise and technical evaluation evolution. Selected personnel from the three Navy Environmental and Preventive Medicine Units (NEPMUs), NEPMU-2 (Norfolk, Va.), NEPMU-5 (San Diego, Calif.) and NEPMU-6, (Pearl Harbor, Hawaii) form the Forward Deployable Preventive Medicine Unit (FDPMU) East-Team 2 that is slated for a six-month deployment to Kuwait, participated in the exercise.

Once team members arrived on site, they immediately set up tents and equipment in preparation for the exercise scenarios. This

marked the first time that all team members were able to come together before deploying.

"It's essential that we all learn to work well as a team so that everything runs smoothly in Kuwait," said Lt. Cmdr. Jennifer Espiritu of NEPMU-2, Officer-in-Charge of the FDPMU.

Personnel from various commands came together to run the exercise and evaluate the performance of FDPMU East-Team 2. Evaluators, role players and controllers came from the Navy and Marine Corps Public Health Center, NEPMU-2, Army Transportation Corps, and Battelle Corporation. Their tasks were to facilitate aspects of the exercise that included preventive medicine, environmental health, industrial health, entomology, and microbiology training scenarios designed to test the capabili-

ties, organization, crisis management and training of the team.

In preparation for the January exercise, team members trained at their respective home stations to employ advanced chemical, biological and radiological test equipment not found in any other deployable preventive medicine unit. On the first day of the exercise, Lt. Cmdr. John Zumwalt of NEPMU-5, the team's Assistant Officer-in-Charge, helped to focus the team members on the exercises ahead. "We're no longer in the classroom. This is the real thing," said Zumwalt. "We need to be prepared for anything and react as we have been trained to."

FDPMU-2 members integrated their training experiences to ad-

(Continued on page 7)

NMCS continued...

(Continued from page 3)

constant double-takes are extremely troubling. People are a lot less subtle than they think, and they can demolish someone's self esteem," said Lemus.

The maxillofacial prostheticians create the pieces by placing a silicone compound in a mold of the existing ear if possible or with the empty ocular cavity and then create a wax version of the prosthetic with molds. After a fitting is done and final adjustments are made, they can create the patient's finished custom prosthetic piece. By going as far as placing microscopic red veins in an ocular piece or fixing a cleft pallet helps patients regain a sense of normalcy, according to Lemus.

"With strong attention to every detail of their skin tone, texture, or eye color, the prosthetic piece will fit the patient and alleviate any of the previous insecurities they were experiencing. Our goal is to improve their lives. We have gotten so much good feedback from our

patients. It feels great to know that I have helped give a person back some of their self esteem," said Lemus.

Occasionally they receive requests for a custom piece such as a sports team logo or a military symbol to be placed on their prosthetic eye.

"We have found that after losing an eye, patients need some laughter in their lives, and we are more than happy to create a custom piece for them," said Hospital Corpsman 2nd Class Daniel Cortes, an NMCS maxillofacial prosthetics laboratory technician. "We get a lot of requests for sports team logos to be used in the prosthetic eyes. There are a lot of one eyed Charger fans here in San Diego. We also recently did a custom Marine Eagle, Globe and Anchor eye."

Working for all branches of service, beneficiaries, and retirees, NMCS's maxillofacial clinic is readily available to provide a wide variety of maxillofacial prosthetic services and care to any who need it according to Carpenter.

Sleep Lag continued...

(Continued from page 3)

work," stated Park.

The NH Pensacola Sleep Lab is eligible to DoD family members and VA-referred patients. The expanded sleep lab also comes with an increase in staffing of three contract sleep technicians hired with JIF funds.

"We see roughly equal numbers of patients from both Navy hospital and VA facilities," he said.

"I'm happy we're making changes to meet the de-

mand for the increased need of sleep study services, because more and more studies are being done on the importance of proper sleep and its effects on one's overall health," Parks concluded.

To learn more about patient services provided at NH Pensacola, visit the command's web site at <http://www.med.navy.mil/sites/pcola/Pages/default.aspx>.

NMCSD Restores Aesthetics to Injured Service Members

By Mass Communications Specialist 3rd Class Jake Berenguer, Naval Medical Center San Diego Public Affairs

SAN DIEGO –Navy Medicine provides significant treatment to injured combatants not only through first response in theater, but also through a continuum of care starting with the transition back to the United States and throughout the recovery process.

Project Comprehensive Aesthetic Recovery Effort (Project C.A.R.E.) is a multi-disciplinary patient care initiative to help restore function and appearance of traumatically injured service members.

"Lack of proper function or the emotional repercussions of a patient with the scars of a severe injury needed to be addressed," said Cmdr. (Dr.) Craig Salt, department head of plastic surgery at Naval Medical Center San Diego (NMCSD). Salt is spearheading Project C.A.R.E. project to improve aesthetic appearance of combat injuries to those who have given so much in the line of duty.

"Patients often have a hard time coping with the stares of strangers or even looking at their own reflection. I decided to be proactive and seek them out to let them know what options were available to them. I wanted to fix what can be fixed and help them with their

appearance post injury," said Salt.

Project C.A.R.E. consolidates resources throughout NMCSD to address a patient's needs through multiple medical disciplines. Utilizing a team approach to medical and supportive services, each patient is individually evaluated and a comprehensive treatment plan is formulated.

"I wanted to work in tandem with anyone who could be beneficial to the recovery of the patients. I am seeking out contributions of emotional support from chaplains, or the talents of dermatologists and neurosurgeons. This needs to be a collective effort to restore form, function and esteem," said Salt.

"He has helped me out so much, he is making a huge difference in people's lives," said Marine Lance Cpl. Anthony Guerrero, one of Salt's patients. Guerrero was injured in an explosion Sept. 9, 2006 while serving in Iraq and received serious facial injuries.

Salt replaced missing bone in Guerrero's face with an artificial structure to fill an indentation. Laser surgery removed the powder burns from the explosion to lessen the visibility of the scars.

(Continued on page 8)

En Route continued...

(Continued from page 4)

for officers and enlisted – Critical Care and Emergency Care nurses and corpsmen with either an 8404 (critical care) or 8401 (search and rescue) Navy Enlisted Classification (NEC) Code," said Catanese. "They are the ones who have the skill sets that we build upon."

Classroom training incorporates pharmacology, patient assessment, airway maintenance, muscular/skeletal trauma, and treatment of hemorrhage. "Some of the classroom time included simulation training with mannequins, which gives the students the opportunity for 'hands-on' training and to be drilled in their critical thinking skills," said Catanese.

Day two of the course focused on practical training, beginning with Aviation Water Survival and the Heli Dunker.

Although conducted in a controlled environment, a swimming pool under the watchful eyes of instructors, it's far from a fun day at the water park. It is serious lifesaving training to prepare health care providers for Medevac missions

over water, possibly from the deck of an at-sea aircraft carrier.

"The Heli Dunker is extremely important," said Lt. Cmdr. Jeanne Lewandowski, a critical care nurse at Naval Medical Center Portsmouth. "If you don't have a realistic experience of crashing in the water, in the event of a real emergency you can become disoriented rather quickly. That's when lives are unnecessarily lost."

Next up: in-the-air health care training. The classroom moves to inside a Marine CH-46 helicopter.

Cmdr. Lynn O'Malley, a Reservist working at Sewells Point Branch Health Clinic as a Family Nurse Practitioner, found the training invaluable. "You don't have the latest medical technology in the air like an Intensive Care Unit (ICU)," said O'Malley. "So the team in the air needs the knowledge to make assessments, be able to administer drugs and possess skill sets to maintain an airway."

Lewandowski breaks down the challenges even further. "You can't use a stethoscope in a helo; you have to rely on sight and touch to keep a patient alive. Even if you

have equipment in the air, it can fail and there's no time to wait until you land to correct the situation."

O'Malley will be recalled to active duty and will stand in ranks with other active duty members who could forward deploy. As a Reservist, the odds are greater now than before that she could be putting her boots in sand, mud or anywhere there is a contingency operation.

The tactical and strategic importance of this training for active duty and Reserves cannot be overemphasized, according to Crawford.

"Over the last few years the role of Reservist has changed," explained Crawford. "They are not used exclusively to backfill gapped billets created by a surge of active duty forward deploying.

"This training highlights the versatility of Reservists," she added.

"This program works," said Catanese. "The percentage of success in theatre when the wounded warrior is packaged up is as high in the '90-percent of being able to survive now. It works. The equipment and training keep getting better."

The Social Worker – A Vital Member of the Navy Medicine Team

By Christine A. Mahoney, Bureau of Medicine and Surgery Public Affairs

WASHINGTON – When you ask a Sailor or Marine to name the frontline caregivers of Navy Medicine, he or she will probably mention hospital corpsmen, chaplains, nurses, dentists, and doctors. There is one Navy Medicine caregiver that may not come to mind (at first) who also plays a vital role the health and well being of service members and their families, and our Reservists – the Navy Medicine Social Worker.

"The National Association of Social Workers (NASW) has designation March as Social Work Month. Navy Medicine wants to recognize and thank our social workers for their dedication and service as vital contributors to the mission," said Lt. Joseph Ford, Bureau of Medicine and Surgery (BUMED) MSC, Senior Analyst, Clinical Social Worker.

"People who become social workers, are those who are driven by a strong desire to enhance a person's functioning and improve their quality of life. Social workers assist people by helping them cope with issues that are strongly affect their daily lives," said Ford. "For example, if a Sailor or Marine is having trouble adjusting to home life after being deployed for a long period time, we can help with this transition. Not only will we be there to help the service member, but for the family as well."

What does the job of a social worker entail? Ford stated many social workers specialize in serving a particular population or working in a specific setting. Some social workers help clients who face a disability or a life-threatening disease, others serve those with direct social

concerns, such as inadequate access to health care, education or housing, those who are disenfranchised, the unemployed, or those who abuse substances. Social workers also assist families having serious domestic issues, such as domestic violence, child abuse, financial hard-ship, and marital or family cohesion. Other social workers focus on research, advocate for improved services, or are involved in planning or policy development.

He continued, "The social worker career field is not as limited as it maybe perceived. When people hear the words 'social worker', they automatically think of child welfare assistance. This is only one career field social workers can choose to practice," he said. "Social workers can also be found working in providing clinical psychotherapeutic care in agency or private practice, case management, family advocacy and support, crisis management, teaching in major universities, research, and serving in policy development and implementation at most every level of government. They can be found in our hospitals and clinics, Fleet and Family Support Service centers, Marine Corps Counseling Centers, and fulfilling various deployment requirements in the Middle East."

Social workers have been a part of Navy Medicine since 1984. There are approximately 1,170 social workers serving in Navy Medicine, 22 of which are active duty, 4 reservists, 750 civilian, and 400 contractors.

As within the civilian sector, all Navy Medicine social workers must meet and adhere to educational and li-

(Continued on page 8)

PREVMED continued...

(Continued from page 5)

dress a burn pit air quality scenario, a simulated chemical release, tested water samples for toxins and contaminants, performed industrial and environmental health site assessments, and responded to a national bio-warfare attack, an avian influenza outbreak, and a louse-borne typhus outbreak.

"This exercise requires that we assess each situation as it unfolds and prioritize and coordinate our responses so that we keep our own people and the troops safe," said Hospital Corpsman 1st Class Joshua Wagoner, NEPMU-5. "There's really no better way to do that than in a real-time, high-stress environment like this."

FDPMU-2 is deploying to Expedi-

tional Medical Facility Kuwait in support of Operation Iraqi Freedom and Operation Enduring Freedom this month. The team is deploying to meet the requirements of the in-garrison Preventive Medicine mission as well as supporting other in-theater taskers from Naval Forces Central Command (NAVCENT).

"We bring a multitude of skills to the fight in order to protect our warfighters as they operate throughout the U.S. Central Command (CENTCOM) Area of Responsibility supporting the U.S. mission," explains Espiritu. "It is extraordinarily fulfilling to see people from three different commands, with different backgrounds and skill sets, come together as a team. I look forward, not only to doing our job, but also to continue developing the team as Naval professionals."



FORT EUSTIS, Va. – Hospital Corpsman 2nd Class Anacleto Delagarza, Navy Environmental and Preventive Medicine- 2 (NEPMU-2), prepares malaria blood slides as part of an outbreak scenario designed to test microbiology capabilities in the field. Rapid, on-site identification of diseases is a key capability of Forward Deployable Preventive Medicine Unit (FDPMU) East – Team 2 and is a critical aid in treatment. U.S. Navy photo by Lt. Benjamin Espinosa

NMSC Hosts Vanguard 2009 Symposium

By Mass Communications Specialist
1st Class (SW) Arthur N. De La Cruz,
Navy Medicine Support Command
Public Affairs Office

JACKSONVILLE, Fla. – Sixty representatives from 29 Navy and Marine Corps commands throughout Navy Medicine attended the Vanguard 2009 Symposium hosted by Navy Medicine Support Command (NMSC) and held at Naval Air Station Jacksonville Feb. 10-12.

The symposium mission was to identify and prioritize Naval Medicine capability gaps, requirements and emergent needs for next generation Force Health Protection and Expeditionary Medicine, as well as provide validated capability gaps for high-level investment strategy in support of the Bureau of Medicine and Surgery's (BUMED) strategic goals and research for operational readiness, military health care and health promotion.

"Vanguard is a look at the future capabilities the Navy and Marine Corps team is going to need to make the mission requirements of

the future," said Rear Adm. Richard Jeffries, Medical Officer of the Marine Corps. "And behind that is, 'What is the research that we need to start now to get the answers for that?'"

Jeffries was a symposium guest speaker.

Dr. Keith Prusaczyk, Ph.D., is one who will use what he learns at Vanguard to help Jeffries and Navy Medicine determine what the research community can bring forward. Prusaczyk is the Navy Medical Advance Development Program Director with the Naval Medical Research Center (NMRC) in Silver Spring, Md. He is also a strategic adviser and working group representative for Rear Adm. Richard C. Vinci, NMSC Commander, for the acquisition of Force Health Protection and Future Naval Capabilities. NMSC has oversight of NMRC and Navy Medicine's Research and Development Program.

"The outcomes we anticipate are a set of initial capabilities that allow us to define war fighting gaps," said Prusaczyk, who man-

ages the advanced development of the Surgeon General's Research Development Testing and Evaluation. "This symposium allows us to prioritize our investments. Right now we have a portfolio that addresses both battle field medicine and clinical medical treatment facility medicine. What we have to do with limited resources is balance that portfolio to meet war fighter needs."

He continued, "This will allow us to focus our limited resources for medical research and development to deliver products, training and education that will enhance the capabilities of (in particular) our corpsmen in particular. That's been my focus: Fleet Marine."

Jeffries added the symposium mission was based on the 21st Century Maritime strategy, the national strategy, the Commandant of the Marine Corps' 2025 vision and strategy, the Chief of Naval Operations' (CNO) future priorities and goals, and the Naval Operations Capability coming out.

NMCS continued...

(Continued from page 6)

"After the blast, I didn't look like myself. Since beginning the surgical reconstruction, I feel so much better about myself. I can definitely see a huge improvement and look more like I used to," said Guerrero.

Salt hopes Project C.A.R.E. will continue to grow through proper promotion and coordination efforts

throughout the military branches.

"Project C.A.R.E. will do so much more than what was considered the end of a patient's treatment. We have helped a small handful of patients so far and after pitching the idea to several other military hospitals, the potential for growth is immense. We want to help each service member identify their needs and work as a team to restore their form, function and self image," said Salt.

Social Worker continued...

(Continued from page 7)

censing requirements in order to perform their services. "All of our social workers are Masters prepared, licensed mental health professionals," said Ford. Navy Medicine social workers work in diverse environments and locations throughout the world. Most of our civilian staff provides support in the Military Treatment Facilities and at Fleet Family Service Centers. Our

active duty and reserve social workers have deployed to Kuwait, Iraq, Afghanistan, and Landstuhl to support the mission as well."

To highlight their current efforts and work, Ford's office is working on events to promote the work of Navy Medicine Social Workers. One of the events will have BUMED host a social worker speaker series. Event information, once finalized, will be included in the command's plan of the week.